

ReadBoston Charity Runner Application

2007 LaSalle Bank Chicago Marathon - October 7, 2007

All pages of the application must be completed and returned with a non-refundable \$25 application fee by July 27, 2007

Send completed applications to:

Erin Smith  
ReadBoston  
43 Hawkins Street  
Boston, MA 02114

Fax: 617-918-5475

Email: Erin.Smith.JCS@cityofboston.gov

Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does your company have matching gifts program? \_\_\_\_ Yes \_\_\_\_ No

I would like to be contacted at: \_\_\_\_ Home \_\_\_\_ Work

## **Fundraising Experience**

Have you participated in a marathon/road race charity program before? \_\_\_\_Yes \_\_\_\_No

If yes, for which charity and how much money did you raise?

Charity Name \_\_\_\_\_ Amount Raised \$\_\_\_\_\_

What will your fundraising goal be for ReadBoston?

(Minimum required is \$1,000) \$\_\_\_\_\_

What are your ideas for raising these funds?

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What other community organizations are you involved with?

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What has been your experience fundraising for these other organizations in the past?

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Please describe why you would like to run for ReadBoston?

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## **ReadBoston Terms and Conditions for the 2007 LaSalle Chicago Marathon Charity Program**

**Please read the following carefully before signing below.**

**Fundraising Commitment:** A minimum donation of \$1,000 is required to join ReadBoston's marathon team and receive an individual entry for the 2007 LaSalle Bank Chicago Marathon.

Valid credit card information must be included with your application to apply for the ReadBoston team. In the event you do not meet the minimum donation requirement ReadBoston reserves the right to charge the balance owed to your credit card. Master Card and VISA are accepted.

**Cancellation Policy:** Due to the short amount of time before the LaSalle Bank Chicago Marathon, there is no cancellation policy. Once accepted onto the ReadBoston Marathon Team you will be required to raise the \$1,000 minimum. Donations will not be refunded.

**Matching Gift Policy:** Many companies match employees' charitable contributions. You can check with your employer to see if your company has the program, and ask donors if their employers match gifts. Many companies issue matching gift checks quarterly or semi-annually; therefore if you plan to use a match to reach your minimum, it is your responsibility to contact the matching company to ensure that the check will be issued before October 1, 2007. If the companies match cycle is past October 1, 2007 the match cannot count towards your minimum.

**Release Form and Contribution Agreement:** In considerations of my accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights for claims and damages I may have against ReadBoston, its employees, volunteers, officers and sponsors for any and all injuries suffered or sustained by me in said event, in the training and planning sessions for said event, or travel to or from any of the preceding. I further attest and certify that I am physically fit and have sufficiently trained for competition in this event, and a licensed medical doctor has verified my physical condition. I also grant permission for use of my name and or photograph or voice in broadcast, telecast, print or any other account of this event and agree to waive any compensation for such use. I agree to collect a minimum of \$1,000 for ReadBoston. If I have not reached the minimum in sponsorships, I will be personally responsible for the balance owed. I understand that ReadBoston reserves the right to charge the balance I owe to my credit card if I have not raised the minimum required (\$1,000). I declare that I have exercised my own judgment in signing this agreement and I further declare that the decision to sign this agreement was voluntary and not based on or influenced by any representation of ReadBoston.

In the event of illness, injury or medical emergency arising during the event or in the training and planning sessions for said event, I hereby authorize and give my consent to ReadBoston to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me but not limited to medical transport, medications,

treatment, and hospitalization. The following person should be contacted in the vent of an emergency.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Allergies to medicines: \_\_\_\_\_

\_\_\_\_\_MasterCard      \_\_\_\_\_Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address (if different from address on page 1): \_\_\_\_\_

\_\_\_\_\_

Signature of holder: \_\_\_\_\_ Date: \_\_\_\_\_